

2-8	<b>Developmental Disability Supports</b>	Part 1 of 15
Authorizing Utah Code: 62a-5-103	Rules: R539-7-1 to 7-5 and R539-8-1 to 8-9	DD Supports
Approved: 5/20/99	Rules Effective:	Printed: 4/00
Form(s): 1-15, 2-2A, 2-2L, 58, 1056, S2-8	Guideline(s): 2-8A, 2-8R & DD/MR Waiver	

## POLICY

The **Division** funds supports for **Persons** who have been determined eligible. The **Division** expects supports to benefit the **Person**, relate directly to the **Person's** goals, preferences, and outcomes, suit the **Person's** unique needs and talents, and provide informed choices of support options. In addition, supports funded by the **Division** shall be appropriate, cost-effective use of public funds.

**Providers** and professionals should ensure that supports for **Persons** are appropriate and based upon current best-practice philosophy. Appropriate supports should promote health and safety, independent living, inclusion in community activities, development of valued social roles and the development of mutually beneficial relationships among people with developmental disabilities and members of the community. The types of supports available for **Persons** are outlined below in the procedures portion of this policy and are available only to **Persons** with **Mental Retardation** or **Developmental Disability** (see **Division** policy 2-1). Supports provided to **Waiver** eligible **Persons** must prevent institutionalization in an Intermediate Care Facility for People with Mental Retardation. All supports to be provided shall be listed by the **Support Coordinator** in the **Individual Service Plan**. **Providers** of supports must be under State contract with the **Division** as an authorized **Provider**, according to **Utah Code Annotated** 62A-5-103, and must meet all required standards for licensing, certification, demonstrated competency, education and training prior to the delivery of any supports.

## PROCEDURES

1. **Community Living Supports** serve the purpose of facilitating independence and promoting community integration by assisting a **Person** to gain or maintain skills necessary to live as independently as possible in the type of community-based housing arrangement the **Person** chooses, consistent with the outcome for community living defined in the **Person's Individual Service Plan**. **Community Living Support Providers** shall have facility licensed as a residential treatment facility, according to **Utah Code Annotated** 62A-2-101, and Utah Administrative Rule R501-7-1, or certified with 3 or less residents, or provide services in the **Person's** residence.
  - A. **Community Living Supports** may include up to 24-hour direct care staff support. Actual type, frequency, and duration of direct care staff support, and other **Community Living Supports** will be defined in the **Person's Individual Service Plan** based on the **Person's** selected housing arrangement and assessed needs. Supports are available to **Persons** who live alone or with roommates, or family. **Community Living Supports** may include companion services. **Community Living Supports** may include supported marriage for couples who are married. Marriage support will be designed to promote and support the marital relationship and enhance ongoing skill development. Specific services may include marriage and family counseling, family planning, parenting, and other services. Services will be available to couples when one or both **Persons** are eligible for **Division** funds.
  - B. Limitations: Payments for **Community Living Support** are not made for room and

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board, the cost of facility maintenance, or routine upkeep and improvement other than costs for modifications or adaptations to a facility required to assure the health, safety and accessibility of the **Persons** who reside there or to meet the requirements of applicable life safety codes, as covered in the Environmental Accessibility Adaptation service. This service is not available to children, under age 18, who live with parents or **Guardian**.

The number of **Persons** residing in a residence should be based upon the preference and resources of the **Person**, but should not exceed one **Person** for a host home, two **Persons** for a professional parent home or four **Persons** for a licensed home; any exceptions require **Region Director** approval.

The level and method of supervision for each **Person** shall be decided by the **Team** and listed in the **Individual Service Plan**. **Persons** who receive **Community Living Supports** must have a source of income to allow contribution toward living expenses. The home where supports are provided must meet all Office of Licensing standards that apply and be maintained according to Policy 5-9 (Licensing, Certification and Site Requirements). **Providers of Community Living Supports** shall not act as landlord to **Persons** without **Division Director** approval to do so.

2. Personal assistance provides personal care and non-medical supportive services specific to the needs of a medically stable **Person** with physical disabilities who is capable of directing the supports or has a surrogate available to direct the supports. Other reasonable and necessary activities which are incidental to the performance of the **Person-Centered Support** may also be furnished as part of this activity.
  - A. Personal assistance services are provided on a regularly scheduled basis and are available to **Persons** who live alone or with roommates.
  - B. When it is determined that the **Person** is unable to adequately perform necessary supervisory activities and has no surrogate to direct the supports, alternative arrangements will be made by the **Support Coordinator** utilizing appropriate agencies. **Providers** of personal assistance services will not include a **Person's** spouse or parents of a minor child. Other family members may provide personal assistance services if and when they meet the **Provider** qualifications.
3. Personal emergency response systems serve the purpose of enabling the **Person** who has the skills to live independently or with minimal support to summon assistance in an emergency. Personal emergency response systems are electronic devices of a type that allow the **Person** requiring such a system to rapidly secure assistance in the event of an emergency. The device must be connected to a signal response center that is staffed 24 hours a day, seven days a week by trained professionals. Reimbursement shall include the rental or purchase, installation, removal, replacement and/or repair of the system.

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4. Environmental accessibility adaptations serve to enable the **Person** to effectively function in the home's physical environment. Adaptations involve equipment and/or physical adaptations to the **Person's** residence and/or vehicle that are necessary to assure the health, welfare and safety of the **Person** and which enhance the **Person's** level of independence. The equipment/adaptations are identified in the **Individual Service Plan**, and the model and type of equipment are specified by a qualified professional. The adaptations may include purchase, installation, and repairs made in accordance with State procurement requirements from **Providers** with a license, if applicable. Such equipment/adaptations may include:
  - A. Ramps
  - B. Lifts/elevators
    - i. porch or stair lifts
    - ii. hydraulic, manual or other electronic lifts
  - C. Modifications/additions of bathroom facilities
    - i. roll-in showers
    - ii. sink modifications
    - iii. bathtub modifications/grab bars
    - iv. toilet modifications/grab bars
    - v. water faucet controls
    - vi. floor urinal and bidet adaptations and plumbing modifications
    - vii. turnaround space adaptations
  - D. Widening of doorways/hallways
  - E. Specialized accessibility/safety adaptations/additions
    - i. door-widening
    - ii. electrical wiring
    - iii. grab bars and handrails
    - iv. automatic door openers/doorbells
    - v. voice activated, light activated, motion activated and electronic devices
    - vi. fire safety adaptations
    - vii. medically necessary air filtering devices
    - viii. medically necessary heating/cooling adaptations
  - F. Vehicle adaptations
    - i. lifts
    - ii. door modifications
    - iii. steering/braking/accelerating/shifting modifications
    - iv. seating modifications

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- v. safety/security modifications
- G. Trained and certified service animal assistance
  - i. purchase of trained service animal,
  - ii. training for **Person** and service animal
  - iii. animal upkeep (food, license, tax, supplies)
  - iv. emergency and preventative veterinarian services
- H. Other adaptation and repairs may be approved on a case-by-case basis as technology changes or as a **Person's** physical or environmental needs change.
- I. Reimbursement shall include repairs to housing modifications, as necessary, if identified in the **Person's Individual Service Plan** but will not include reimbursement for general household repairs. The annual amount available for adaptation supports for **Waiver** eligible **Persons** shall be determined by the **Division** Leadership Team based upon amount of money allocated by the Legislature. Environmental adaptations require determination of medical necessity, determination that the adaptation is not available through a **Medicaid** State Plan service, and prior approval. Assistive technology/environmental modifications funded by **Region** shall adhere to the following expenditure prior approval guidelines:
  - i. under \$500, shall be approved by the **Support Coordinator**,
  - ii. \$500 to \$1,999, shall be approved by the **Supervisor**,
  - iii. \$2,000 to \$10,000, shall be approved by the **Region Director**,
  - iv. Over \$10,000, shall be approved by the **Division Director**.
- J. **Region** staff shall ensure that a **Person** who may benefit from assistive technology devices/environmental modifications along with the **Person's Representative** is educated regarding the availability of such technology/modifications. **Region** staff shall assist the **Person** in contacting organizations which provide assistive technology devices/environmental modifications and arranging for a need assessment.
  - i. When a **Person** is eligible for assistive technology/environmental modification services from more than one organization, the **Region** staff will arrange for a meeting of representatives from all the organizations involved to form an interagency team.
  - ii. The interagency team shall first use assessment resources available from state service agencies as appropriate through interagency agreements or on a fee-for-service basis.
  - iii. The team shall make recommendations regarding the purchase of assistive technology/environmental modifications, including multiple organization purchases agreed on by all.

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- iv. The team shall consider federal and state rules and regulations when purchasing services and devices so that, where appropriate and feasible, personal ownership of any device is promoted.
  - v. The team shall also determine the responsibility for any necessary training for use of the device, as well as make recommendations for maintenance, repair, insurance, and upgrades of devices. Multiple organization commitments must be agreeable to involved organizations. Any multiple organization team problems which may arise shall be resolved using the Utah Coordinating Council for Persons with Disabilities Resolution Process.
- 5. Chore and homemaker supports serve the purpose of maintaining a clean, sanitary and safe living environment in the **Person's** residence.
  - A. Chore and homemaker supports consist of heavy household chores such as snow removal, scrubbing floors, carpets, furniture, windows, and walls or moving heavy items of furniture. The service also includes general household activities when the individual usually responsible for the general household activities is absent or needs assistance.
  - B. Chore and homemaker supports may be provided by individuals over the age of 16 who are physically able to complete such activities.
- 6. Housing access coordination supports serve the purpose of assisting the **Person** to acquire appropriate personal housing in the community. These supports promote a **Person's** choice of housing and roommates (if the **Person** will be living with roommates), enhance identification, selection and acquisition of affordable, accessible housing which offers opportunities for community inclusion and assures appropriate separation of housing from service provision.
  - A. Housing access coordination supports include:
    - i. providing information and assistance in identifying options and making choices with respect to a **Person's** preference of location, type of housing, and roommates (if the **Person** will be living with roommates),
    - ii. identifying the **Person's** accessibility requirements (including need for modification),
    - iii. planning for ongoing maintenance and repair (if this will be the **Person's** responsibility), and
    - iv. financial resources, and eligibility for housing subsidies and other benefits.
  - B. Reimbursement will be made only for actual time spent assisting a **Person** to obtain housing. Reimbursement is made for activities necessary for the **Person** to go beyond what is typically available through generic community resources such as apartment rental and real estate services. Housing acquired for the **Person** through this service must be obtained from the same housing market used by the general public.
  - C. Housing access coordination is not eligible for Home and Community-Based Services

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**Waiver** reimbursement.

7. Supported employment serves the purpose of supporting **Persons** based on personal need to obtain, maintain, or advance in competitive employment in integrated work settings.
  - A. Supported employment can be full or part time and is in a work setting where the **Person** works with others without disabilities, not including staff or contracted co-workers paid to support the **Person**. Supported employment may occur anytime during a 24 hour day. Supports assist the **Person** to achieve competitive employment. Competitive employment is defined as work compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by employees who are not disabled. **Persons** in supported employment are supported and employed consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the **Person** as indicated in the **Person's Individual Service Plan**. A **Person** may be supported one on one or in a group. When appropriate, the **Provider** may contract with a co-worker to provide additional support, under the direction of a job coach, as a natural extension of the work day.
  - B. Payment will only be made for adaptations, supervision and training required by a **Person** as a result of the **Person's** disability and will not include payment for the supervisory activities rendered as a normal part of the business setting. Documentation must be maintained, for all **Persons** whose supports are funded by the **Waiver**, showing that supported employment services rendered are not available under a program funded by either the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act. Federal financial participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as incentive payments made to an employer or beneficiaries to encourage or subsidize an employer's participation in a supported employment program, payments that are passed through to a beneficiary of supported employment programs, or for payments for vocational training that is not directly related to a beneficiary's supported employment program.
  - C. **Support Coordination** with the Division of Rehabilitation Services
    - i. Upon verification of eligibility, the **Support Coordinator** shall complete a Division of Rehabilitation Services Referral, **Form 58**, for the appropriate rehabilitation counselor. Completion of **Form 58** shall satisfy the documentation requirement that supported employment services rendered are not available under a program funded by either the Rehabilitation Act of 1973, or the Individuals with Disabilities Education Act.
    - ii. Upon acceptance by the Division of Rehabilitation Services, an Individual Written Rehabilitation Plan shall be developed recommending supported employment.
    - iii. The **Person** shall choose the **Provider** of supported employment services.

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Services will be coordinated and funded by the rehabilitation counselor for a predetermined amount of time (determined by the rehabilitation counselor, according to Division of Rehabilitation Services policy). Long-term funding from the **Region** or other community resource must be reasonably expected prior to the Division of Rehabilitation Services authorizing supported employment services.

- iv. After the initial predetermined amount of time under the Division of Rehabilitation Services, the coordination and funding of supported employment services shall be the responsibility of the **Region**.
- v. If a **Person** loses the supported employment job, the **Region** is responsible to fund services to assist the **Person** to secure another job. Once the **Person** has secured another supported employment job, or one year has passed from the date of discharge from the Division of Rehabilitation Services, then additional funding for supported employment services may be available from the Division of Rehabilitation Services.
- vi. If Division of Rehabilitation Services funding is not available and **Region** funding is available, a **Person** may be served entirely through the **Region**. There must still be a reasonable expectation for long-term funding from the **Region**.

D. Provider standards:

- i. **Persons** shall be employed for a significant number of hours, at a level optimal for the **Person** and in accordance with the **Person's** capabilities and desires. This should be determined at the **Individual Service Plan** meeting. The hours worked by **Persons** receiving supported employment should approximate the hours worked by other employees; the **Division**, however, considers at least 20 hours per week the minimum level acceptable for most **Persons**.
- ii. **Persons** shall be compensated at minimum wage or better. If minimum wage is not feasible, compensation shall be at a commensurate wage based on a **Person's** productivity. **Persons** shall be provided benefits by the employer which are comparable to workers who are not disabled.
- iii. There shall be no more than eight **Persons** in any one enclave.
- iv. Assistive technology shall be used to enhance productivity when appropriate in accordance with the Americans with Disabilities Act.
- v. Jobs or contract employment shall be developed through the use of a written marketing plan.
- vi. An individual assessment of work interests shall be conducted within 30 days of the **Person's** referral to the **Provider Agency**. To increase the **Persons** performance on the job, **Provider** staff ensure that the job is appropriate for the **Person**, that the **Person** has had input into the decision of employment, and that the most effective training and support techniques are used. Techniques should foster the use of **Natural Supports** such as family, friends, and co-workers.

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- vii. Supported employment direct service staff and their immediate superiors shall be trained in the support strategies required for each **Person's** particular supported employment placement or job.
- 8. Site and nonsite-based **day supports** serve the purpose of facilitating independence and promoting community inclusion and contribution.
  - A. **Day supports** provide assistance for **Persons** to participate in activities in settings with community members without disabilities in addition to staff paid to support the **Person**. Supports may include instruction in skills a **Person** wishes to acquire, retain, or improve that enhance the **Person's** independence and/or maintain the **Person's** physical and mental skills. **Day Supports** may be provided anytime during a 24-hour day at locations of the **Person's** preference and are most commonly provided in integrated community settings as per **Utah Code Annotated** 62A-101-6 and Utah Administrative Rule R539-6-7.
  - B. Supports may or may not be work related. Wages are paid in accordance with all applicable labor laws.
- 9. Senior supports are provided to older adults or **Persons** who because of medical problems or physical disabilities have needs that closely resemble those of an older adult and who desire a lifestyle consistent with that of the community's population of similar age or circumstances. These supports serve the purpose of facilitating community inclusion and preventing social isolation.
  - A. Senior supports consist of a variety of activities that are designed to assist the **Person** in maintaining skills and stimulating social interactions with others.
  - B. The activities are individualized and may occur in any community setting, including the **Person's** place of residence in accordance with the **Person's** stated choice and the objectives of the **Person's Individual Service Plan** relating to community integration and prevention of social isolation.
- 10. Transportation supports serve the purpose of allowing the **Person** access to other supports necessary to live an inclusive community life.
  - A. Transportation supports are only provided as independent services when transportation is not otherwise available as an element of another service. The need for transportation must be documented as necessary to fulfill other identified supports in the **Individual Service Plan** and the associated outcomes.
  - B. **Medicaid** will not pay for transportation that is already available for free or for transportation already available through medical programs, the State plan, or as part of administrative expenditures. Additional transportation supports are available for a



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**Waiver** eligible **Person** only when transportation is not included in the rate paid to the **Provider**.

- C. This service must be provided by a licensed public transportation carrier or **Provider** staff with a current driver's license, a legally registered vehicle and proof of automobile insurance in amounts required by **Code Annotated** 41-12a-401 through 41-12a-412 and **Utah Code Annotated** 53-3-202.
- D. **Provider** staff Drivers shall:
  - i. complete and maintain first aid training,
  - ii. keep written procedures for accidents and emergencies in the vehicle(s) at all times, and
  - iii. implement specific techniques for safe transportation of **Persons** who have unique medical or physical considerations.
- E. In addition, **Provider** staff drivers are responsible to ensure that:
  - i. **Persons** do not remain unattended in the vehicle;
  - ii. **Persons** remain seated while the vehicle is in motion;
  - iii. keys are removed from the vehicle at all times when the driver is not in the driver's seat;
  - iv. all **Persons** use seat belts, or locking mechanisms to immobilize wheelchairs during travel;
  - v. a signed consent **Form** is obtained prior to transporting a child (ages 0 through 17) and placed in the child's file. The consent form must be completed by the **Person's Representative**;
  - vi. all **Persons** weighing 40 pounds or less must be transported in an approved child safety seat or an approved restraint device and seated in the back seat, preferably in the middle of the back seat. **Persons** weighing 41 to 80 pounds must be restrained in an approved booster seat. All other passengers may be transported using only seat belts;
  - vii. ensure that the vehicle used for the transportation of **Persons** has working door locks and that the car doors are locked at all times while the vehicle is moving.
- F. All vehicles shall be reasonably accessible if **Persons** have physical disabilities. Special lifts and other equipment must be in safe working order.
- 11. Latch key supports serve the purpose of providing supervision for **Persons** who are not receiving **Community Living Supports** and whose **Parents** or family members are working.
  - A. Latch key supports may be provided before or after the school or work day, in accordance with **Utah Code Annotated** 62A-2-108.
  - B. Latch key supports are provided when other education, child-care, and support programs

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are not available.

12. Family assistance and support serves the purpose of enabling the **Person**, who so desires, to remain in and be supported in the family home. Family supports are intended to support both the family member with a disability and the rest of the family to live as much like other families as possible with the intent of preventing or delaying unwanted out-of-home placement. The supports that a family receives shall be determined by the **Person** and family, based on the family's culture, values, preferences, and specific needs at any given time.
  - A. Family assistance and support can be provided either in or out of the home to a **Person/family**. These supports may include provisions to accommodate the **Person's** disability in accessing supports offered in the community, providing instructions, supervision, and/or training to the family/care giver/**Person** in all areas of daily living. The supports may also include other activities that are identified in the **Person's Family Service Plan** as necessary for continued development. Supports may include:
    - i. developing supports and interventions for unique situations that may occur within the complexity of the family,
    - ii. techniques of behavior supports,
    - iii. enrollment in school vacation programs,
    - iv. developing skills and accommodations for community inclusion,
    - v. appropriate leisure time activities, and
    - vi. instructing and consulting for the **Person**, the **Parents** and/or siblings.
  - B. All services available to **Persons** receiving **Community Living Supports** are available to **Persons** remaining in and receiving services in the family home.
  - C. Families may receive services through a **Provider** who has a contract with the State to provide family support services or they may choose the "family choice model" in which the family hires and trains the staff to provide the supports. In the family choice model, the family may use staff age 16 and older as direct providers of support. The family choice model requires the family to use a **Fiscal Intermediary** to assist with managing the financial business and paperwork associated with the family choice model. Prior to supports beginning a **Form 1056**, Purchase of Service, must be signed by the **Person/Representative**.
  - D. Family assistance and support is only available to **Persons** under age 22. Comparable services are available to **Persons** over 22 through **Community Living Supports**.
13. **Respite** care supports serve the purpose of providing supervision and/or relief, on a short-term basis for those individuals who normally provide care in a home setting to a **Person** who is unable to care for himself or herself according to **Utah Code Annotated** 62A-4a-602 and 62A-2-101,18.
  - A. **Respite** care supports include day and overnight supports and may be provided in the following locations:

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- i. **Person's** home or place of residence,
  - ii. facility approved by the State which is not a private residence, and
  - iii. temporary care facilities and overnight camps which meet the standards set by the **Division** for the temporary care of **Persons** with special needs.
  - iv. Other: As specified in the **Person's Individual Service Plan**, in the community, which may include the private residence of the employee providing **Respite** care, in which case the employee will meet the standards prescribed by the **Medicaid** enrolled respite care agency or **Region** office with whom they contract.
- B. The provision of **Respite** care in terms of duration and location will be based on the annual amount allocated by the **Region** to the **Person**/family and the **Person's**/family's preference. Federal Financial Participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care in a facility approved by the State that is not the **Person's** private residence.
- C. The **Provider** will coordinate the delivery of **Respite** services to be provided with the **Support Coordinator**, family member or primary caregiver, and **Person**. It is the responsibility of the **Provider** to track and report outcomes to the **Support Coordinator** on a monthly basis. No more than two **Persons** may be served in a **Provider's** residence at one time without **Region Director** approval. All injuries and accidents must be reported to the family within 24 hours. When requested by the family, a written incident report must be completed by the **Provider** and forwarded to the family within 5 days of the incident.
- 14. Self-directed supports enhance the **Person's** ability to exercise basic human rights as a member of society through self-sufficiency and utilization of decision-making authority. Self-directed supports involve: (a) **Person** and/or family training and education in self-determination and self-advocacy, (b) competency evaluation and guardianship assistance, (c) advocacy support, (d) identifying, building, and maintaining **Natural Supports**, (e) assisting a **Person**/family/**Representative** to obtain services to assess the **Person's** functional capability to give informed consent in all areas of decision making, (f) instructing and/or consulting with families on ways to help the family member with a disability learn the specific skills necessary to become as self-sufficient as possible, and (g) instructing and/or consulting with families on ways to help the family member with a disability learn the specific skills necessary to safely live in the home setting.
- 15. Educational supports serve the purpose of providing individualized educational opportunities which are unavailable to the **Person** through other formal education programs.
  - A. Educational supports consist of specialized education, personal tutoring, personal instructions and registration fees for generic education and related services as defined in sections (15) and (17) of the Individuals with Disabilities Education Act, to the extent to which they are not available under a program funded by Individuals with Disabilities

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Education Act.

- B. Educational supports cannot be provided to a **Person** unless there is a compelling and accepted reason and sufficient documentation that the service is not available from the Individuals with Disabilities Education Act or the Rehabilitation Act of 1973.
16. Guardianship supports serve the purpose of assuring the legal rights of the **Person** are appropriately promoted and protected.
- A. Guardianship supports furnish fiscal resources for the acquisition of and ongoing support for obtaining and maintaining guardianship. Guardianship supports may also be used by a **Person** to support a legal challenge to existing guardianship.
  - B. Professionals providing this support must meet all requirements under **Utah Code Annotated** 75-1-201 and 75-5-311.
  - C. Guardianship support is not eligible for Home and Community-Based Services **Waiver** reimbursement.
17. Specialized medical equipment/supplies/assistive technology serves the purpose of enabling a **Person** to increase his/her ability to perform activities of daily living or to perceive, control or communicate with the environment.
- A. Specialized medical equipment/supplies/assistive technology includes devices, controls, prosthesis, or other appliances, the model and types as recommended by a qualified professional. Mobility support devices, bathing support devices, toileting support devices, feeding support devices, and durable medical equipment are included as are the installation of specialized electric and plumbing systems which are necessary to accommodate medical equipment and supplies. Necessity for such devices are specified in the **Individual Service Plan**. Reimbursement shall include the purchase, installation, removal, replacement, and repair of approved equipment, supplies, and adaptations.
  - B. Expenditures for specialized medical equipment, supplies and assistive devices will be in accordance with **Division** policy, and all purchases will comply with State procurement requirements. The amount of expenditures will be dependent on the amount of money allocated by the Legislature. The **Division's** Leadership Team shall set the annual amount to be used for this service. Each item of specialized medical equipment, medical supplies, or assistive technology must be approved prior to its purchase, be listed in the **Person's Individual Service Plan**, based on a determination of medical necessity and a determination that the item is not available through the **Medicaid** State Plan.
18. Wellness monitoring supports serve the purpose of promoting health status and preventing unnecessary physical and functional deterioration in accordance with Utah Administrative Rule

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R156-31b.

- A. Wellness monitoring supports are provided by or under the supervision of a registered nurse (RN) and involve an evaluation of the general health and wellness of a **Person** to determine if the **Person** is properly accessing the medical health services being provided and if the **Person's** health, at the present level, is being adequately maintained by the medical support being provided. Upon a determination that the health of a **Person** is deteriorating, the registered nurse may consult with the **Person/Representative**, family, **Community Living Support Provider**, and in the case of a **Person** enrolled in a Health Maintenance Organization (HMO), the HMO case manager, to arrange for a referral of the **Person** to the primary care physician for a more intensive evaluation. The registered nurse, through a process of record reviews and interviews, develops an initial comprehensive medical history, when no other exists, and prepares periodic updates of the medical history during the **Person's** tenure in service, for use by the **Person**, the family, **Providers**, and medical professionals to maintain the **Person's** health and functional status.
  - B. The health status monitoring support is limited to 10 hours per **Person** per year. The comprehensive medical history is considered a one-time service. Wellness monitoring supports must not duplicate services available through a **Person's** HMO service package or through the **Medicaid** State Plan, including the Child Health Evaluation and Care services or other early intervention services for children.
  - C. Wellness monitoring is not eligible for Home and Community-Based Services **Waiver** reimbursement.
19. Specialized supports serve the purpose of providing: a) treatment, training, consultation, or other unique services necessary to achieve stated outcomes that are not otherwise achievable through **Medicaid** State Plan services or other **Waiver** supports, or b) non-traditional approaches to care that are effective in achieving desired outcomes in a manner that is cost-effective and responsive to the **Person's** cultural norms and desired treatment strategies.
- A. Specialized supports may be directed solely to a single area of need or may be designed as a coordinated set of supports to provide a holistic approach to addressing interrelated needs.
  - B. Specialized supports include:
    - i. Chiropractic therapy of a nature, amount, duration, or frequency beyond the available **Medicaid** State Plan optional service, according to Utah Administrative Rule R156-73;
    - ii. Acupuncture treatment according to Utah Administrative Rule R156-72;
    - iii. Massage therapy according to Utah Administrative Rule R156-47b;
    - iv. individualized diet by business licensed by the State;

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- v. communication support;
- vi. counseling to assist siblings to develop skills necessary to effectively cope with the dynamics of a family with a member who has a disability and to positively interact with the family member with a disability through family group dynamics and relationships. This support must be provided in accordance with **Utah Code Annotated** 58-60-103, 58-60-205 and 58-60-107.

- C. Specialized supports will not duplicate other supports and services available to the **Person**, must be cost efficient, and must have demonstrated effectiveness for the intended use. Each **Person's** specialized support or set of coordinated supports must be approved before supports begin, be based on a determination of medical necessity and a determination that the support is not available as a **Medicaid** State Plan service.
  - D. **Providers** must meet the requirements of state law related to the occupational and professional licensing associated with the specific specialized support and the specific experience and skills required to meet the individualized needs of the **Person**. Required experience and skills will be defined in the **Person's Individual Service Plan**.
20. Supplemental child care supports families in sustaining children with disabilities in a natural family setting and supports parents in carrying out essential family activities such as working and attending school. The **Division** may provide supplemental funding for child care for children with disabilities 12 years old and younger who are eligible for **Division** funds and who are living with family. **Region** staff shall assist families to find **Providers** who can provide for the unique child care needs of their children with disabilities.
- A. Child care **Providers** shall meet the child care licensing or certification requirements, in accordance with Policy 5-9 (Licensing, Certification and Site Requirements).
  - B. The amount of supplemental child care provided will be determined by the **Region** based on the level of supports needed to make reasonable accommodations for the child, as well as the amount of funding available. The **Region** will contract with a child care provider to pay this supplemental amount to help the family secure child care services. Parents are responsible to ensure that the basic fee for child care is paid to the **Provider** of services.
  - C. Supplemental child care is not eligible for **Waiver** reimbursement.
  - D. **Providers** of supplemental child care must write a plan of care, indicating the additional services the child will receive which will be added to the child's **Family Service Plan** in accordance with Policy 1-15 (Individual or Family Service Plan).
  - E. If the **Parent** and **Provider** are in need of additional training, the **Support Coordinator** may contract with a professional consultant, under procedure 12 of this policy, to have this training provided.

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Approved: 5/20/99		Rules Effective:	Printed: 4/00
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